| PWS ID  | Water Quality Mo                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                  | _     | ssification |             | _     | vner Type Pr | imary Source |
|---|--|--|------------------|-------|-------------|-------------|-------|--------------|--------------|
| CT0480233                                       | CRYSTAL LAKE PLAZA                     |  |                  |       | NC          | 25          | 11 OV | P P          | GW           |
|   | (where applicable)                     | Service                                | Residen          | tial  | Commerci    |             | rial  | Combined     | Agricultura  |
| 99 STAFFORD                                     | · · · · · · · · · · · · · · · · · · ·  | Connections                            |                  |       |             |             |       |              | 0            |
| Towns Served                                    | · · · · · · · · · · · · · · · · · · ·  |  |                  |       |             |             |       |              |              |
|   | Mo                                     | onitoring Requ                         | uireme           | nts   |             |             |       |              |              |
| Water Syster                                    | m Facility: DISTRIBUTION SYSTEM (V     |  |                  |       |             |             |       |              |              |
| Total Colifor                                   | rm (3100)                              |  |                  |       |             |             | 1 ro  | utine (RT) լ | er quarter   |
| Sampling  | g Point (Sampling Point ID)            |  | Monitori         | ing F | Period C    | ollection P | eriod | d Compli     | ance Status  |
| Select from Inventory of Active Sampling Points |  |  | 10/1/18 -        | · 12/ | 31/18       |             |       | Co           | mplete       |
|   |  |  | 1/1/19 - 3/31/19 |       |             |             |       |              |              |
|   |  | 4/1/19 - 6/30/19                       |                  |       |             |             |       |              |              |
|   |  |  | 7/1/19 - 9/30/19 |       |             |             |       |              |              |
| <b>Physical Par</b>                             | ameters (PPS)                          |  |                  |       |             |             | 1 ro  | utine (RT) լ | er quarte    |
| Sampling  | g Point (Sampling Point ID)            |  | Monitori         | ing F | Period C    | ollection P | eriod | d Compli     | ance Status  |
| Select fro                                      | om Inventory of Active Sampling Points |  | 10/1/18 -        | 31/18 |             |             | Co    | mplete       |              |
| 1/1/19 - 3/31/1                                 |  |  |                  | 1/19  |             |             | Co    | mplete       |              |
| 4/1/19 - 6/30/19                                |  |  |                  |       |             |             |       |              |              |
|   |  |  | 7/1/19 -         | 9/3   | 0/19        |             |       |              |              |
| Water Syster                                    | m Facility: ENTRY POINT (WSF ID: 00    | 700)                                   |                  |       |             |             |       |              |              |
| <b>Nitrate And</b>                              | Nitrite (NOX)                          |  |                  |       |             |             | 1     | L routine (R | T) per year  |
| Sampling  | g Point (Sampling Point ID)            |  | Monitori         | ing P | Period C    | ollection P | eriod | d Compli     | ance Status  |
| ENTRY PO  | OINT (3)                               |  | 1/1/18 -         | 12/3  | 31/18       |             |       | Co           | mplete       |
|   |  |  | 1/1/19 -         | 12/2  | 21/10       |             |       |              |              |

| Nitrate And Nitrite (NOX)          |                   | 1 rc                     | outine (RT) per year     |
|------------------------------------|-------------------|--------------------------|--------------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | <b>Collection Period</b> | <b>Compliance Status</b> |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18 |                          | Complete                 |
|                                    | 1/1/19 - 12/31/19 |                          |                          |
|                                    | 1/1/20 - 12/31/20 |                          |                          |

| Other Compliance Schedules |
|----------------------------|
|----------------------------|

**Achieved Date Compliance Schedule Activity Due Date** RESPOND TO SANITARY SURVEY 2/10/2017

| Public Notification Requirements     |                                    |                  |      |                   |           |                 |          |  |  |
|--------------------------------------|------------------------------------|------------------|------|-------------------|-----------|-----------------|----------|--|--|
|                                      | Compliance Notice <u>Public No</u> |                  |      | <u>tification</u> | PN Certi  | <u>fication</u> |          |  |  |
| Violation/Situation                  |                                    | Period           | Tier | Required          | Performed | Due to DPH      | Received |  |  |
| Distribution Color MCL Violation     | 7                                  | 7/1/13 - 9/30/13 | 2    | 2/8/2014          |           | 2/18/2014       |          |  |  |
| Distribution Turbidity MCL Violation | -                                  | 7/1/13 - 9/30/13 | 2    | 2/8/2014          |           | 2/18/2014       |          |  |  |

|                                | Wa                    | iter System Facili   | ity and Sampling P            | oint Ir | iventoi                   | ry                              |          |     |                 |
|--------------------------------|-----------------------|----------------------|-------------------------------|---------|---------------------------|---------------------------------|----------|-----|-----------------|
| Water<br>System<br>Facility ID | Water System Facility | Sampling Point<br>ID | Sampling Point<br>Description | Status  | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | WQP | Stage<br>2 DBPR |
| 00600                          | DISTRIBUTION SYSTEM   | 4                    | DISTRIBUTION SYSTEM           | Α       | Υ                         |                                 |          |     |                 |
|                                |                       | DOWNSTREAM           | WITHIN 5 SERVICE CON          | Α       |                           |                                 |          |     |                 |
|                                |                       | UPSTREAM             | WITHIN 5 SERVICE CON          | Α       |                           |                                 |          |     |                 |
| 00700                          | ENTRY POINT           | 3                    | ENTRY POINT                   | Α       |                           |                                 |          |     |                 |
| 10218                          | WELL #1               | 2                    |                               | Α       |                           |                                 |          |     |                 |

|                          | Contact Information      |                                     |      |           |          |
|--------------------------|--------------------------|-------------------------------------|------|-----------|----------|
| Name                     | Organization             |                                     |      | Job Title | 9        |
| Mr. Scott E. Webber      | Crystal Lake Plaza       |                                     |      |           |          |
| Mailing Address Line One | Mailing Address Line Two | Mailing Address Line Two City State |      |           | Zip Code |
| waning radices time one  |                          |                                     | O.C. |           |          |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

|                  | Cc       | nnectic        | ut Depa      | rtmen                    | nt of                          | Public     | Heal                 | th 1    | Drin     | king     | Wat      | er S   | ection       | 1     |              |
|------------------|----------|----------------|--------------|--------------------------|--------------------------------|------------|----------------------|---------|----------|----------|----------|--------|--------------|-------|--------------|
|                  |          | Wa             | ter Qua      | lity Mo                  | onito                          | oring a    | nd Co                | m       | plia     | nce S    | Sched    | ule    |              |       |              |
| PWS ID           | PWS Name |                |              |                          |                                | (          | Classifi             | cation  | Populati | ion O    | wner Typ | e Pri  | imary Source |       |              |
| CT0480233        | CR       | YSTAL LAKE P   | LAZA         |                          |                                |            |                      |         | N        | С        | 25       |        | Р            |       | GW           |
| Local Address (w | her      | e applicable)  |              |                          |                                | Service    | Resid                | lenti   | ial Co   | mmerci   | al Indu  | strial | Combin       | ned   | Agricultural |
| 99 STAFFORD RD   | ). (R    | T. 30)         |              |                          |                                | Connection | ns                   | 4       |          |          |          |        |              |       |              |
| Towns Served:    |          |                |              |                          |                                | 1          |                      |         |          |          | '        |        |              |       | -            |
| 99 Stafford Rd   |          |                |              |                          |                                |            |                      |         |          | Ellingto | on       |        | СТ           | С     | 06029-9732   |
| Business Phon    | e        | Extension      | Fax          |                          | Mobile Phone Emergency Phone E |            |                      | Email A | Address  |          | '        |        |              |       |              |
| 860-316-8192     | <u> </u> |                |              |                          | 860-87                         | 71-9287    | 860-8                | 72-2    | 209      |          |          |        |              |       |              |
| Contact Role(s): | Ad       | lministrative  | Contact, Leg | al Contact               | t, Own                         | er         |                      |         |          |          |          |        |              |       |              |
| Name             |          |                |              |                          | Org                            | ganization | ganization Job Title |         |          |          |          |        |              |       |              |
| Weber Enterpris  | ses l    | LLC            |              |                          |                                |            |                      |         |          |          |          |        |              |       |              |
| Mailing Address  | Line     | e One          |              | Mailing Address Line Two |                                |            |                      |         | City     |          | State    | ž      | Zip Code     |       |              |
| 99-101 Stafford  | Rd       |                |              |                          |                                |            |                      |         | Ellingto | on       |          | СТ     |              | 06029 |              |
| Business Phon    | e        | Extension      | Fax          |                          | Mobile                         | e Phone    | Emerge               | ncy F   | Phone    | Email A  | Address  |        |              |       |              |
| Contact Role(s): | Le       | gal Contact, ( | Owner        |                          |                                |            |                      |         |          |          |          |        |              |       |              |

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule               |

| PWS ID PWS Name C                                 |  |             |         | Clas  | sification | Population  | Owner Type | Primary Source  |
|---|--|-------------|---------|-------|------------|-------------|------------|-----------------|
| CT0480064 CRYSTAL LAKE COMMUNITY METHODIST CHURCH |  |             |         |       | NC         | 25          | Р          | GW              |
| Local Address (where applicable)                  |  |             | Resider | ntial | Commercia  | al Industri | al Combine | ed Agricultural |
| 265 SANDY BEACH ROAD                              |  | Connections |         |       | 1          |             |            |                 |

| Towns Served: ELLINGTON                          |                      |                          |                      |
|--|----------------------|--------------------------|----------------------|
| Moni   | toring Requirements  |                          |                      |
| Water System Facility: DISTRIBUTION SYSTEM (WSF  | ID: 00600)           |                          |                      |
| Total Coliform (3100)                            |                      | 1 rou                    | tine (RT) per month  |
| Sampling Point (Sampling Point ID)               | Monitoring Period    | <b>Collection Period</b> | Compliance Status    |
| Select from Inventory of Active Sampling Points  | 11/1/18 - 11/30/18   |                          | Complete             |
|  | 12/1/18 - 12/31/18   |                          |                      |
|  | 1/1/19 - 1/31/19     |                          | Complete             |
|  | 2/1/19 - 2/28/19     |                          |                      |
|  | 3/1/19 - 3/31/19     |                          | Complete             |
|  | 4/1/19 - 4/30/19     |                          |                      |
|  | 5/1/19 - 5/31/19     |                          |                      |
|  | 6/1/19 - 6/30/19     |                          |                      |
|  | 7/1/19 - 7/31/19     |                          |                      |
|  | 8/1/19 - 8/31/19     |                          |                      |
|  | 9/1/19 - 9/30/19     |                          |                      |
|  | 10/1/19 - 10/31/19   |                          |                      |
| Physical Parameters (PPS)                        |                      | 1 rou                    | tine (RT) per month  |
| Sampling Point (Sampling Point ID)               | Monitoring Period    | <b>Collection Period</b> | Compliance Status    |
| DISTRIBUTION SYSTEM (4)                          | 11/1/18 - 11/30/18   |                          | Complete             |
|  | 12/1/18 - 12/31/18   |                          |                      |
|  | 1/1/19 - 1/31/19     |                          | Complete             |
|  | 2/1/19 - 2/28/19     |                          |                      |
|  | 3/1/19 - 3/31/19     |                          | Complete             |
|  | 4/1/19 - 4/30/19     |                          |                      |
|  | 5/1/19 - 5/31/19     |                          |                      |
|  | 6/1/19 - 6/30/19     |                          |                      |
|  | 7/1/19 - 7/31/19     |                          |                      |
|  | 8/1/19 - 8/31/19     |                          |                      |
|  | 9/1/19 - 9/30/19     |                          |                      |
|  | 10/1/19 - 10/31/19   |                          |                      |
| Water System Facility: ENTRY POINT (WSF ID: 0070 | 0)                   |                          |                      |
| Nitrate And Nitrite (NOX)                        |                      | 1 r                      | outine (RT) per year |
| Sampling Point (Sampling Point ID)               | Monitoring Period    | <b>Collection Period</b> | Compliance Status    |
| ENTRY POINT (3)                                  | 1/1/18 - 12/31/18    |                          | Complete             |
|  | 1/1/19 - 12/31/19    |                          | Complete             |
|  | 1/1/20 - 12/31/20    |                          |                      |
| Other  | Compliance Schedules |                          |                      |

| Other Com                                | pliance Schedules |               |  |
|--|-------------------|---------------|--|
| Compliance Schedule Activity             | Due Date          | Achieved Date |  |
| RESPOND TO SANITARY SURVEY               | 10/19/2014        |               |  |
| CORRECTIVE ACTION/CORRECTIVE ACTION PLAN | 1/17/2015         |               |  |
| L1 ASSESSMENT (MULTIPLE TC+)             | 5/6/2017          |               |  |
|  |                   |               |  |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule               |

| PWS ID  | PWS Name                         |  |  | Clas  | sification | Population  | Owner Type | Primary Source  |
|---|----------------------------------|--|--|-------|------------|-------------|------------|-----------------|
| CT0480064 CRYSTAL LAKE COMMUNITY METHODIST CHURCH |                                  |  |  |       | NC         | 25          | Р          | GW              |
| Local Address (v                                  | Local Address (where applicable) |  |  | ntial | Commercia  | al Industri | al Combine | ed Agricultural |
| 265 SANDY BEA                                     | Connections                      |  |  | 1     |            |             |            |                 |

| Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN  Due Date  Achieved Date  5/1/2019  7/30/2019 |           |               |  |
|--|-----------|---------------|--|
| Compliance Schedule Activity   | Due Date  | Achieved Date |  |
| RESPOND TO SANITARY SURVEY   | 5/1/2019  |               |  |
| CORRECTIVE ACTION/CORRECTIVE ACTION PLAN   | 7/30/2019 |               |  |

| Public  | Notification Re    | equiren | nents            |                   |            |                 |
|---|--------------------|---------|------------------|-------------------|------------|-----------------|
|   | Compliance         | Notice  | <u>Public No</u> | <u>tification</u> | PN Certi   | <u>fication</u> |
| Violation/Situation                             | Period             | Tier    | Required         | Performed         | Due to DPH | Received        |
| REVISED TOTAL COLIFORM RULE (RTCR) TT Violation | 5/7/17 -           | 2       | 8/10/2017        |                   | 8/20/2017  |                 |
| Physical Parameters M&R Violation               | 10/1/17 - 12/31/17 | 3       | 3/16/2019        |                   | 3/26/2019  |                 |
| Total Coliform M&R Violation                    | 10/1/17 - 12/31/17 | 3       | 3/16/2019        |                   | 3/26/2019  |                 |
| Physical Parameters M&R Violation               | 5/1/18 - 5/31/18   | 3       | 9/6/2019         |                   | 9/16/2019  |                 |
| Physical Parameters M&R Violation               | 4/1/18 - 4/30/18   | 3       | 9/6/2019         |                   | 9/16/2019  |                 |
| Total Coliform M&R Violation                    | 5/1/18 - 5/31/18   | 3       | 9/6/2019         |                   | 9/16/2019  |                 |
| Total Coliform M&R Violation                    | 4/1/18 - 4/30/18   | 3       | 9/6/2019         |                   | 9/16/2019  |                 |
| Total Coliform M&R Violation                    | 9/1/18 - 9/30/18   | 3       | 11/13/2019       |                   | 11/23/2019 |                 |
| Physical Parameters M&R Violation               | 9/1/18 - 9/30/18   | 3       | 11/20/2019       |                   | 11/30/2019 |                 |
| Physical Parameters M&R Violation               | 12/1/18 - 12/31/18 | 3       | 2/29/2020        |                   | 3/10/2020  |                 |
| Total Coliform M&R Violation                    | 12/1/18 - 12/31/18 | 3       | 2/29/2020        |                   | 3/10/2020  |                 |

|                                | Wa                    | ter System Facili    | ity and Sampling P            | oint Ir | vento                     | ry |          |     |                 |
|--------------------------------|-----------------------|----------------------|-------------------------------|---------|---------------------------|----|----------|-----|-----------------|
| Water<br>System<br>Facility ID | Water System Facility | Sampling Point<br>ID | Sampling Point<br>Description | Status  | Total<br>Coliform<br>Rule |    | Asbestos | WQP | Stage<br>2 DBPR |
| 00600                          | DISTRIBUTION SYSTEM   | 4                    | DISTRIBUTION SYSTEM           | Α       | Υ                         |    |          |     |                 |
|                                |                       | DOWNSTREAM           | WITHIN 5 SERVICE CON          | Α       |                           |    |          |     |                 |
|                                |                       | UPSTREAM             | WITHIN 5 SERVICE CON          | Α       |                           |    |          |     |                 |
| 00700                          | ENTRY POINT           | 3                    | ENTRY POINT                   | Α       |                           |    |          |     |                 |
| 20880                          | WFIL                  | 2                    | WFLL                          | Α       |                           |    |          |     |                 |

|                                      |           |     | Co           | ntact Inf        | ormation        |                      |            |       |          |
|--------------------------------------|-----------|-----|--------------|------------------|-----------------|----------------------|------------|-------|----------|
| Name                                 |           |     |              | Organization     | 1               |                      | Job Title  |       |          |
| Ms. Yolanda J. Arm                   | elin      |     | Crystal Lake | Community Church |                 | Chair Bd of Trustees |            |       |          |
| Mailing Address Line One Mailing Add |           |     |              | ess Line Two     |                 |                      | City       | State | Zip Code |
| 278 Sandy Beach Ro                   | oad       |     |              |                  |                 | Ellingtor            | 1          | СТ    | 06029    |
| Business Phone                       | Extension | Fax | Mo           | bile Phone       | Emergency Phone | Email Ac             | ldress     |       |          |
| 860-872-0798                         |           |     |              |                  |                 | laniarml             | in@aol.com |       |          |

Contact Role(s): Legal Contact

| C                 | omiecuc         | ut Depa  | i une   | 111 01   | Public      | пеани       | וווע     | IKIIIE  | g water     | sec   | uon      |               |
|-------------------|-----------------|----------|---------|----------|-------------|-------------|----------|---------|-------------|-------|----------|---------------|
|                   | Wa              | ter Qua  | lity M  | onito    | oring a     | nd Con      | nplia    | nce S   | Schedul     | le    |          |               |
| PWS ID F          | WS Name         |          |         |          |             |             | Classif  | ication | Population  | Owne  | r Type F | rimary Source |
| CT0480064 C       | RYSTAL LAKE C   | OMMUNITY | METHO   | DIST CHU | JRCH        |             | N        | IC      | 25          |       | Р        | GW            |
| Local Address (wh | ere applicable) |          |         |          | Service     | Residen     | itial Co | mmerci  | al Industri | al C  | ombined  | Agricultural  |
| 265 SANDY BEACH   | l ROAD          |          |         |          | Connection  | ns          |          | 1       |             |       |          |               |
| Towns Served: EL  | LINGTON         |          |         |          |             |             | ,        |         |             |       |          |               |
| Name              |                 |          |         | Org      | ganization  |             |          |         |             | J     | ob Title |               |
| Community Unite   | d Methodist Cl  | nurch    |         |          |             |             |          |         |             |       |          |               |
| Mailing Address L | ine One         |          | Mailing | Address  | Line Two    |             |          |         | City        |       | State    | Zip Code      |
| 278 Sandy Beach   | Rd              |          |         |          |             |             |          | Ellingt | on          |       | CT       | 06029         |
| Business Phone    | Extension       | Fax      |         | Mobile   | e Phone     | Emergency   | / Phone  | Email / | Address     |       |          |               |
|                   |                 |          |         |          |             |             |          |         |             |       |          |               |
| Contact Role(s):  | Owner           |          | ·       |          |             |             |          |         |             |       |          |               |
| Name              |                 |          |         | Org      | ganization  |             |          |         |             | J     | ob Title |               |
| Ms. Molly Anders  | on              |          |         | Hir      | th Small En | gine Repair | •        |         |             |       |          |               |
| Mailing Address L | ine One         |          | Mailing | Address  | Line Two    |             |          |         | City        |       | State    | Zip Code      |
| 51 Sandy Beach R  | oad             |          |         |          |             |             |          | Ellingt | on          |       | CT       | 06029         |
| Business Phone    | Extension       | Fax      |         | Mobile   | e Phone     | Emergency   | / Phone  | Email / | Address     |       |          |               |
| 860-872-9034      |                 |          |         |          |             |             |          | RIDOB   | RCOM@msr    | n.com |          |               |

Connecticut Department of Public Health Drinking Water Costion

Contact Role(s): Administrative Contact

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                       | <b>Connecticut Departmer</b>          | nt of Public H     | ealth I                    | Orinkin   | g Water S        | Section       |              |
|-----------------------|---------------------------------------|--------------------|----------------------------|-----------|------------------|---------------|--------------|
|                       | Water Quality Mo                      | onitoring and      | d Comr                     | oliance   | Schedule         |               |              |
| PWS ID                | PWS Name                              | 8 - 1              |                            |           | Population O     |               | mary Source  |
| CT0480114             | ELLINGTON RIDGE COUNTRY CLUB          |                    |                            | NC        | 25               | Р             | GW           |
| Local Address (v      | vhere applicable)                     | Service            | Residentia                 | Commerc   | cial Industrial  | Combined      | Agricultural |
| 56 ABBOT ROAD         | )                                     | Connections        |                            | 1         |                  |               |              |
| Towns Served: E       | ELLINGTON                             |                    |                            |           | 1                |               |              |
|                       | M                                     | onitoring Requ     | irement                    | ts        |                  |               |              |
| Water System          | Facility: DISTRIBUTION SYSTEM (       | WSF ID: 00600)     |                            |           |                  |               |              |
| <b>Total Coliforn</b> | n (3100)                              |                    |                            |           | 1 r              | outine (RT) p | er quarter   |
| Sampling F            | Point (Sampling Point ID)             | 1                  | Monitoring                 | Period    | Collection Perio | d Complia     | nce Status   |
| Select from           | n Inventory of Active Sampling Points | 1                  | 10/1/18 - 1                | 2/31/18   |                  | Cor           | nplete       |
|                       |                                       |                    | 1/1/19 - 3,                | /31/19    |                  | Cor           | nplete       |
|                       |                                       |                    | 4/1/19 - 6,                | /30/19    |                  |               |              |
|                       |                                       |                    | 7/1/19 - 9,                | /30/19    |                  |               |              |
| Physical Para         |                                       |                    |                            |           |                  | outine (RT) p | -            |
|                       | Point (Sampling Point ID)             |                    | Monitoring                 |           | Collection Perio |               | nce Status   |
| Select from           | Inventory of Active Sampling Points   | 1                  | 10/1/18 - 1                |           |                  |               | nplete       |
|                       |                                       |                    | 1/1/19 - 3,                |           |                  | Cor           | nplete       |
|                       |                                       |                    | 4/1/19 - 6,                |           |                  |               |              |
|                       | - 111                                 |                    | 7/1/19 - 9,                | /30/19    |                  |               |              |
| -                     | Facility: ENTRY POINT (WSF ID: 00     | 0700)              |                            |           |                  |               |              |
| Nitrate (1040         | •                                     |                    |                            |           |                  | outine (RT) p | -            |
|                       | Point (Sampling Point ID)             |                    | Monitoring                 | <u>'</u>  | Collection Perio |               | nce Status   |
| ENTRY POI             | N1 (3)                                |                    | 10/1/18 - 12               |           |                  |               | nplete       |
|                       |                                       |                    | 1/1/19 - 3,                | -         |                  | Cor           | nplete       |
|                       |                                       |                    | 4/1/19 - 6,                |           |                  |               |              |
| Nitwite (1041)        | 1                                     |                    | 7/1/19 - 9,                | /30/19    |                  | 1 vantina (D  | F) man waan  |
| Nitrite (1041)        | I<br>Point (Sampling Point ID)        |                    | Monitoring                 | Period    | Collection Perio | 1 routine (R) | nce Status   |
| ENTRY POI             |                                       |                    | 1/1/18 - 12                |           | conection remo   |               | nplete       |
| LIVITATION            | (3)                                   |                    | 1/1/19 - 12<br>1/1/19 - 12 |           |                  | C01           | IIpicto      |
|                       |                                       |                    | 1/1/20 - 12                |           |                  |               |              |
|                       | Oth                                   | er Compliance      |                            |           |                  |               |              |
| Compliance Sch        |                                       |                    |                            | ie Date   | Achieve          | ed Date       |              |
| -                     | NITARY SURVEY                         |                    |                            | 1/2019    |                  |               |              |
|                       |                                       | Notification R     | <u> </u>                   |           |                  |               |              |
|                       |                                       | Compliance         | Notice                     | 1         | Notification     | PN Certi      | fication     |
| Violation/Situa       | tion                                  | Period             | Tier                       | Required  |                  |               | Received     |
| Total Coliform N      | ACL Violation                         | 10/1/10 - 12/31/10 | 2                          | 11/20/201 | 0                | 11/30/2010    |              |
|                       | Water System F                        | acility and San    | npling P                   | oint Inv  | entory           |               |              |
| Water                 |                                       |                    |                            |           | Total Lead av    | - d           |              |

|                                | V                     | ater system racin    | ity and Sampling P         | OIIIL II | ivento                    | у                               |          |     |                 |
|--------------------------------|-----------------------|----------------------|----------------------------|----------|---------------------------|---------------------------------|----------|-----|-----------------|
| Water<br>System<br>Facility ID | Water System Facility | Sampling Point<br>ID | Sampling Point Description | Status   | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | WQP | Stage<br>2 DBPR |
| 00600                          | DISTRIBUTION SYSTEM   | 4                    | DISTRIBUTION SYSTEM        | Α        | Υ                         |                                 |          |     |                 |
|                                |                       | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α        |                           |                                 |          |     |                 |
|                                |                       | UPSTREAM             | WITHIN 5 SERVICE CON       | Α        |                           |                                 |          |     |                 |
| 00700                          | ENTRY POINT           | 3                    | ENTRY POINT                | Α        |                           |                                 |          |     |                 |
|                                |                       |                      |                            |          |                           |                                 |          |     |                 |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule               |

|                 |                           |           |   |             |         | 1     |             |             |            |                 |
|-----------------|---------------------------|-----------|---|-------------|---------|-------|-------------|-------------|------------|-----------------|
| PWS ID          | PWS Name                  |           |   |             |         | Clas  | ssification | Population  | Owner Type | Primary Source  |
| CT0480114       | <b>ELLINGTON RIDGE CO</b> | UNTRY CLU | В |             |         |       | NC          | 25          | Р          | GW              |
| Local Address ( | where applicable)         |           |   | Service     | Resider | ntial | Commercia   | l Industria | al Combine | ed Agricultural |
| 56 ABBOT ROA    | D                         |           |   | Connections |         |       | 1           |             |            |                 |

|             | ,                     | Water System Facili | ity and Samp   | ling Point I | nvento   | ry        |          |       |        |
|-------------|-----------------------|---------------------|----------------|--------------|----------|-----------|----------|-------|--------|
| Water       |                       |                     |                |              | Total    | Lead and  |          |       |        |
| System      | Water System Facility | Sampling Point      | Sampling Point |              | Coliform | Copper    |          |       | Stage  |
| Facility ID |                       | ID                  | Description    | Status       | Rule     | Rule Tier | Asbestos | WQP . | 2 DBPR |
| 20884       | WELL                  | 2                   | WELL           | Α            |          |           |          |       |        |

| 20884 WELL          |           |          |         | VVELL           | F                  | 4                 |           |            |
|---------------------|-----------|----------|---------|-----------------|--------------------|-------------------|-----------|------------|
|                     |           |          |         | Contact In      | formation          |                   |           |            |
| Name                |           |          |         | Organizatio     | on                 |                   | Job Title | e          |
| Mr. Michael Reard   | on        |          |         | The Ellingto    | on Purchasing Corp | President         |           |            |
| Mailing Address Lin | ie One    |          | Mailing | Address Line Tw | 0                  | City              | State     | Zip Code   |
| 56 Abbott Rd        |           |          |         |                 |                    | Ellington         | СТ        | 06029-9732 |
| Business Phone      | Extension | Fax      |         | Mobile Phone    | Emergency Phone    | Email Address     |           |            |
| 860-872-4052        |           | 860-870- | 7340    |                 | 860-872-9133       | michaelreardon@ho | tmail.com |            |
|                     |           |          |         |                 |                    | *                 |           |            |

Contact Role(s): Administrative Contact, Legal Contact, Owner

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|   | Connecticut Department of Public Health | Drinking       | g Water    | Section    |           |
|---|---|----------------|------------|------------|-----------|
|   | Water Quality Monitoring and Con        | npliance S     | Schedul    | e          |           |
| D | PWS Name                                | Classification | Population | Owner Type | Primary S |

| PWS ID           | PWS Name                     |             |              | Clas | ssification | Population | Owner Type | Pri          | mary Source |
|------------------|------------------------------|-------------|--------------|------|-------------|------------|------------|--------------|-------------|
| CT0480144        | ROLLING MEADOWS COUNTRY CLUB |             |              |      | NC          | 25         | Р          |              | GW          |
| Local Address (\ | Service                      | Resider     | tial Commerc |      | al Industri | al Combin  | ed         | Agricultural |             |
| 76 SADDS MILL    | ROAD                         | Connections |              |      | 1           |            |            |              |             |

| Monito  | ring Requirements        |                          |                          |  |  |  |
|---|--------------------------|--------------------------|--------------------------|--|--|--|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID        | D: 00600)                |                          |                          |  |  |  |
| Total Coliform (3100)                                     |                          | 1 rout                   | ine (RT) per quarter     |  |  |  |
| Sampling Point (Sampling Point ID)                        | Monitoring Period        | <b>Collection Period</b> | Compliance Status        |  |  |  |
| Select from Inventory of Active Sampling Points           | 10/1/18 - 12/31/18       |                          | Complete                 |  |  |  |
|   | 1/1/19 - 3/31/19         |                          | Complete                 |  |  |  |
|   | 4/1/19 - 6/30/19         |                          |                          |  |  |  |
|   | 7/1/19 - 9/30/19         |                          |                          |  |  |  |
| Physical Parameters (PPS)                                 |                          | 1 routine (RT) per quart |                          |  |  |  |
| Sampling Point (Sampling Point ID)                        | Monitoring Period        | <b>Collection Period</b> | Compliance Status        |  |  |  |
| Select from Inventory of Active Sampling Points           | 10/1/18 - 12/31/18       |                          | Complete                 |  |  |  |
|   | 1/1/19 - 3/31/19         |                          | Complete                 |  |  |  |
|   | 4/1/19 - 6/30/19         |                          |                          |  |  |  |
|   | 7/1/19 - 9/30/19         |                          |                          |  |  |  |
| Water System Facility: <b>ENTRY POINT (WSF ID: 00700)</b> |                          |                          |                          |  |  |  |
| Nitrate (1040)  |                          | 1 rout                   | ine (RT) per quarter     |  |  |  |
| Sampling Point (Sampling Point ID)                        | Monitoring Period        | <b>Collection Period</b> | <b>Compliance Status</b> |  |  |  |
| ENTRY POINT (3)   | 10/1/18 - 12/31/18       |                          | Complete                 |  |  |  |
|   | 1/1/19 - 3/31/19         |                          | Complete                 |  |  |  |
|   | 4/1/19 - 6/30/19         |                          |                          |  |  |  |
|   | 7/1/19 - 9/30/19         |                          |                          |  |  |  |
| Nitrite (1041)  |                          | 1 r                      | outine (RT) per year     |  |  |  |
| Sampling Point (Sampling Point ID)                        | Monitoring Period        | <b>Collection Period</b> |                          |  |  |  |
| ENTRY POINT (3)   | 1/1/18 - 12/31/18        |                          | Complete                 |  |  |  |
|   | 1/1/19 - 12/31/19        |                          | Complete                 |  |  |  |
|   | 1/1/20 - 12/31/20        |                          |                          |  |  |  |
| Water System Facilit                                      | ty and Sampling Point In | ventory                  |                          |  |  |  |

|        | V                            | water System Facili | ity and Sampii | ing Point Inventor | У        |
|--------|------------------------------|---------------------|----------------|--------------------|----------|
| Water  |                              |                     |                | Total              | Lead and |
| System | <b>Water System Facility</b> | Sampling Point      | Sampling Point | Coliform           | Copper   |

**Description** ID Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 DISTRIBUTION SYSTEM 4 **DISTRIBUTION SYSTEM** Υ Α DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 ENTRY POINT 3 **ENTRY POINT** Α

20887 WELL 2 WELL Α

|      | Contact information |  |
|------|---------------------|--|
| Name | Organization        |  |

| Ms. Anne Gale-Wolchesky  | Rolling Meadows Country Club | Managing Meml | oer   |          |
|--------------------------|------------------------------|---------------|-------|----------|
| Mailing Address Line One | Mailing Address Line Two     | City          | State | Zip Code |
| 76 Sadds Mill Road       |                              | Ellington     | СТ    | 06029    |
|                          |                              |               |       |          |

**Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-875-3887 860<u>-</u>974<u>-</u>3189

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019

Stage

Job Title

|  | Connecticu        | t Depa  | rtme    | ent of       | Public            | Health   | Drir     | iking     | g Water     | Section    |                 |
|--|-------------------|---------|---------|--------------|-------------------|----------|----------|-----------|-------------|------------|-----------------|
|  | Wate              | er Qua  | lity N  | <b>Ionit</b> | oring a           | nd Con   | nplia    | nce S     | Schedul     | e          |                 |
| PWS ID                                 | PWS Name          |         |         |              |                   |          | Classifi | cation    | Population  | Owner Type | Primary Source  |
| CT0480144 ROLLING MEADOWS COUNTRY CLUB |                   |         |         |              |                   |          | N        | С         | 25          | Р          | GW              |
| Local Address (w                       | here applicable)  |         |         |              | Service           | Residen  | tial Co  | mmerci    | al Industri | al Combine | ed Agricultural |
| 76 SADDS MILL ROAD                     |                   |         |         |              | Connection        | ıs       |          | 1         |             |            |                 |
| Towns Served: El                       | LINGTON           |         |         |              |                   |          |          |           | '           |            |                 |
| 000 073 7243                           |                   | 000 073 | 3007    |              |                   | 000 37 4 | 3103     |           |             |            |                 |
| Contact Role(s):                       | Administrative Co | ontact  |         |              |                   |          |          |           |             |            |                 |
| Name                                   |                   |         |         | Or           | Organization      |          |          | Job Title |             |            |                 |
| Rolling Meadow                         | s LLC             |         |         |              |                   |          |          |           |             |            |                 |
| Mailing Address                        | Line One          |         | Mailing | g Address    | Line Two          |          |          |           | City        | State      | Zip Code        |
| Rolling Meadows                        | Country Club      |         | 76 Sad  | ds Mill Ro   | oad               |          |          | Ellingto  | on          | СТ         | 06029           |
| Business Phone Extension Fax Mo        |                   | Mobil   | e Phone | Emergency    | ncy Phone Email A |          | Address  |           |             |            |                 |
| 860-870-5328                           |                   |         |         |              |                   |          |          |           |             |            |                 |
| Contact Role(s)                        | Legal Contact Ov  | vner    |         |              |                   |          |          |           |             |            |                 |

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                                | C           | onnecticut Dep         | artment of           | f Public      | Health   | ı D    | rin   | kin      | g W                     | ater S       | ection       |                     |
|--------------------------------|-------------|------------------------|----------------------|---------------|----------|--------|-------|----------|-------------------------|--------------|--------------|---------------------|
|                                |             | •                      | ality Monit          |               |          |        |       |          | _                       |              |              |                     |
| PWS ID                         | PV          | VS Name                | uncy 14101110        |               | 114 001  | _      |       | cation   | _                       |              | wner Type F  | rimary Source       |
| CT048015                       |             | RANCH, INC. (WELL #1 - | KITCHEN)             |               |          |        | N     |          | -                       | 25           | Р            | GW                  |
| Local Add                      |             | re applicable)         | •                    | Service       | Reside   | ntial  | Cor   | nmero    | cial II                 | ndustrial    | Combined     | Agricultural        |
|                                | DY BEACH    |                        |                      | Connection    | ns       |        |       | 1        |                         |              |              |                     |
| Towns Se                       | erved: ELLI | NGTON                  |                      |               |          |        |       |          |                         |              |              |                     |
|                                |             |                        | Monit                | oring Red     | quireme  | ents   | ;     |          |                         |              |              |                     |
| Water Sy                       | ystem Fa    | cility: DISTRIBUTION   | SYSTEM (WSF I        | D: 00600)     |          |        |       |          |                         |              |              |                     |
| Physical                       | l Parame    | ters (PPS)             |                      | •             |          |        |       |          |                         |              | 1 routine (I | RT) per year        |
| -                              |             | nt (Sampling Point ID) |                      |               | Monitor  | ring F | Perio | od (     | Collect                 | ion Perio    | =            | iance Status        |
|                                |             | SYSTEM (4)             |                      |               | 1/1/18   |        |       |          | 6/                      | 1-8/31       |              | omplete             |
|                                |             | · ·                    |                      |               | 1/1/19   |        |       |          |                         | 1-8/31       |              | •                   |
|                                |             |                        |                      |               | 1/1/20   | - 12/  | 31/2  | .0       |                         | 1-8/31       |              |                     |
| Water Sy                       | ystem Fa    | cility: ENTRY POINT    | (WSF ID: 00700)      |               | , .      | ·      |       |          |                         | ·            |              |                     |
| Nitrate                        | And Nitr    | ite (NOX)              |                      |               |          |        |       |          |                         |              | 1 routine (I | RT) per year        |
|                                |             | nt (Sampling Point ID) |                      |               | Monitor  | ring F | Perio | od (     | Collect                 | ion Perio    | =            | iance Status        |
|                                | RY POINT    |                        |                      |               | 1/1/18   |        |       |          |                         |              | Co           | omplete             |
|                                |             |                        |                      |               | 1/1/19   | - 12/  | 31/1  | .9       |                         |              |              |                     |
|                                |             |                        |                      |               | 1/1/20   | - 12/  | 31/2  | .0       |                         |              |              |                     |
|                                |             |                        | Other C              | ompliand      | ce Sche  | dule   | es    |          |                         |              |              |                     |
| Complian                       | nce Schedu  | ıle Activity           |                      |               |          | Due    | Dat   | е        |                         | Achieve      | d Date       |                     |
| RESPOND                        | TO SANIT    | TARY SURVEY            |                      | 6/7/2018      |          |        |       |          |                         |              |              |                     |
| SEASONA                        | L START L   | IP COMPLETION          |                      |               |          | 6/1/   | 201   | 9        |                         |              |              |                     |
|                                |             |                        | Public Not           | tification    | Requir   | em     | ent   | S        |                         |              |              |                     |
|                                |             |                        | C                    | Compliance    | Notic    | e      | P     | ublic I  | <u>Votific</u>          | <u>ation</u> | PN Cer       | <u>tification</u>   |
|                                | /Situation  |                        |                      | Period        | Tier     |        |       | quired   |                         | rformed      | Due to DPH   |                     |
| REVISED 7                      | TOTAL CO    | LIFORM RULE (RTCR)     |                      | /17 - 11/1/17 |          |        |       | 8/2018   |                         |              | 11/18/2018   | 3                   |
|                                |             | Water                  | System Facil         | ity and Sa    | ampling  | g Po   | int   | Inve     | ento                    | ry           |              |                     |
| Water<br>System<br>Facility II |             | ystem Facility         | Sampling Point<br>ID | Sampling P    |          |        |       | Со       | Total<br>liform<br>Rule |              | •            | Stage<br>WQP 2 DBPR |
|                                |             | ITION CVCTEM           | 4                    | •             |          | . 1    | Stat  | LUS      | Y                       | Nuie IIe     | , ASDESTOS   | WQF Z DDFK          |
| 00600                          | ואונוט      | UTION SYSTEM           |                      | DISTRIBUTI    |          |        | A     |          | Y                       |              |              |                     |
|                                |             |                        | DOWNSTREAM           |               |          |        | A     |          |                         |              |              |                     |
| 00700                          | ENTEN E     | OINT                   | UPSTREAM             | WITHIN 5 S    |          | /IN    | A     |          |                         |              |              |                     |
| 00700                          | ENTRY P     | OINT                   | 3                    | ENTRY POIN    | N I      |        | A     |          |                         |              |              |                     |
| 20888                          | WELL        |                        | 2                    | WELL          |          |        | A     | <u> </u> |                         |              |              |                     |
|                                |             |                        |                      | itact Info    | rmatio   | n      |       |          |                         |              |              |                     |
| Name                           |             |                        | 0                    | rganization   |          |        |       |          |                         |              | Job Title    |                     |
|                                | cia L. Hair |                        |                      |               |          |        |       | 1        |                         |              |              |                     |
|                                | ddress Lir  |                        | Mailing Addres       | s Line Two    |          |        |       |          |                         | ity          | State        | Zip Code            |
|                                | y Beach R   |                        |                      |               |          |        |       | Elling   |                         |              | СТ           | 06029-9732          |
| Busines                        | ss Phone    | Extension Fa           | ax Mobi              | ile Phone     | Emergenc | y Pho  | one   | Email    | Addre                   | :SS          |              |                     |

860-872-4742

Contact Role(s): Administrative Contact, Legal Contact, Owner

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule               |

|                  | Water Quarty Monte                 | or mg am  | u don      | ipiianee i | Jeneau         |             |                 |
|------------------|------------------------------------|---|------------|------------|----------------|-------------|-----------------|
| PWS ID           | PWS Name                           | Classification  | Population | Owner Type | Primary Source |             |                 |
| CT0480154        | SJ RANCH, INC. (WELL #1 - KITCHEN) | NC  | 25         | Р          | GW             |             |                 |
| Local Address (v | where applicable)                  | here applicable) Service Residential Commercial Industrial Co |            |            |                | ial Combine | ed Agricultural |
| 130 SANDY BEA    | 130 SANDY BEACH ROAD               |   |            | 1          |                |             |                 |
| Towns Served:    | ELLINGTON                          |   |            | ·          |                |             |                 |

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| Connecticut Departmen                                   | nt of Public     | Health D      | rink           | ing Water <sup>©</sup> | Section          |                   |
|---|------------------|---------------|----------------|------------------------|------------------|-------------------|
| Water Quality Mo  |                  |               |                | •                      |                  |                   |
| PWS ID PWS Name   | omtoring a       |               | ssificat       |                        |                  | Primary Source    |
| CT0480164 SJ RANCH, INC. (WELL #2 - OVERLOOK)           | <b>\</b>         | Cla           | NC             | 25                     | P P              | GW                |
|   | Service          | Residential   | 1              | nercial Industrial     | Combined         |                   |
| Local Address (where applicable)  130 SANDY BEACH ROAD  | Connection       |               |                |                        | Combined         | Agricultural      |
| Towns Served: ELLINGTON                                 | Connection       | 113           |                | 1                      |                  |                   |
|   | anitanina Da     |               |                |                        |                  |                   |
| Water System Facility: DISTRIBUTION SYSTEM (            | onitoring Red    | quirements    | 5              |                        |                  |                   |
| Physical Parameters (PPS)                               |                  |               |                |                        | 1 routine (I     | RT) per year      |
| Sampling Point (Sampling Point ID)                      |                  | Monitoring I  | Period         | Collection Perio       | · <del>-</del> ' | iance Status      |
| DISTRIBUTION SYSTEM (4)                                 |                  | 1/1/18 - 12/  |                | 6/1-8/31               | -                | omplete           |
| 2.011.1201.101.101.21.11 (1)                            |                  | 1/1/19 - 12/3 |                | 6/1-8/31               |                  |                   |
|   |                  | 1/1/20 - 12/3 |                | 6/1-8/31               |                  |                   |
| Water System Facility: ENTRY POINT (WSF ID: 00          | 0700)            | 1, 1, 20 12,  | J = 1 = 0      | 5,1 5,51               |                  |                   |
| Nitrate And Nitrite (NOX)                               | <i>.</i> ,       |               |                |                        | 1 routine (I     | RT) per year      |
| Sampling Point (Sampling Point ID)                      |                  | Monitoring I  | Period         | Collection Perio       | <del>-</del> -   | iance Status      |
| ENTRY POINT (3)   |                  | 1/1/18 - 12/3 |                | Concention reme        |                  | omplete           |
| Livini i Gili (5)                                       |                  | 1/1/19 - 12/3 |                |                        |                  | - Inprete         |
|   |                  | 1/1/20 - 12/3 |                |                        |                  |                   |
| Oth   | er Complian      |               | -              |                        |                  |                   |
|   | er Compnant      |               | Date           | Achieve                | nd Darke         |                   |
| Compliance Schedule Activity RESPOND TO SANITARY SURVEY |                  |               |                | Acnieve                | ea Date          |                   |
|   |                  |               | /2018<br>/2019 |                        |                  |                   |
| SEASONAL START UP COMPLETION                            | <b>NI. 1.6.</b>  |               |                |                        |                  |                   |
| Public  | Notification     | Requirem      |                |                        |                  |                   |
|   | Compliance       | Notice        | •              | lic Notification       |                  | <u>tification</u> |
| Violation/Situation                                     | Period           | Tier          | Requi          |                        | Due to DPH       |                   |
| REVISED TOTAL COLIFORM RULE (RTCR)                      | 6/2/17 - 11/1/1  |               | 11/8/2         |                        | 11/18/2018       |                   |
| Water System F  | Facility and S   | ampling Po    | oint li        | nventory               |                  |                   |
| Water   |                  |               |                | Total Lead a           |                  |                   |
|   | Point Sampling F |               |                | Coliform Coppe         |                  | Stage             |
| Facility ID ID  | Description      |               | Status         |                        | er Asbestos      | WQP 2 DBPR        |
| 00600 DISTRIBUTION SYSTEM 4                             |                  | ION SYSTEM    | Α              | Υ                      |                  |                   |
|   | REAM WITHIN 5 S  |               | Α              |                        |                  |                   |
| UPSTRE  |                  | SERVICE CON   | Α              |                        |                  |                   |
| 00700 ENTRY POINT 3                                     | ENTRY POI        | NT            | Α              |                        |                  |                   |
| 20889 WELL 2  | WELL             |               | Α              |                        |                  |                   |
|   | Contact Info     | rmation       |                |                        |                  |                   |
| Name  | Organization     |               |                |                        | Job Title        |                   |
| Ms. Patricia L. Haines                                  |                  |               |                |                        |                  |                   |
| Mailing Address Line One Mailing A                      | ddress Line Two  |               |                | City                   | State            | Zip Code          |
| 130 Sandy Beach Road                                    |                  |               | EII            | ington                 | СТ               | 06029-9732        |
| Business Phone Extension Fax                            | Mobile Phone     | Emergency Pho | one En         | nail Address           |                  |                   |
| 860-872-4742  |                  |               |                |                        |                  |                   |

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Contact Role(s): Legal Contact

| (                    | Connecticu        | it Depa     | rtment of       | Public .     | Health    | Drii    | ıking       | g Water               | Section        |                |  |  |
|----------------------|-------------------|-------------|-----------------|--------------|-----------|---------|-------------|-----------------------|----------------|----------------|--|--|
|                      | Wat               | er Qua      | lity Monito     | oring ar     | nd Con    | nplia   | nce S       | Schedul               | le             |                |  |  |
| PWS ID               | PWS Name          |             |                 |              |           | Classif | ication     | Population            | Owner Type     | Primary Source |  |  |
| CT0480164            | SJ RANCH, INC. (V | VELL #2 - O | VERLOOK)        |              |           | N       | IC          | 25                    | Р              | GW             |  |  |
| Local Address (wh    | nere applicable)  |             | Service         | Residen      | itial Co  | mmerci  | al Industri | al Combine            | d Agricultural |                |  |  |
| 130 SANDY BEACH ROAD |                   |             |                 | Connection   | S         |         | 1           |                       |                |                |  |  |
| Towns Served: EL     | LINGTON           |             |                 |              |           |         |             | ,                     |                |                |  |  |
| Name                 |                   |             | Or              | Organization |           |         |             | Job Title             |                |                |  |  |
| Ms. Alexandra Th     | nomas             |             | Sj I            | Ranch, Inc   |           |         |             |                       |                |                |  |  |
| Mailing Address L    | ine One           |             | Mailing Address | Line Two     |           |         |             | City                  | State          | Zip Code       |  |  |
| 130 Sandy Beach      | Road              |             |                 |              |           |         | Ellingto    | on                    | СТ             | 06029          |  |  |
| Business Phone       | Extension         | Fax         | Mobil           | e Phone      | Emergency | / Phone | Email A     | Address               |                |                |  |  |
| 860-872-4742         |                   |             |                 |              |           |         | alex@       | alex@sjridingcamp.com |                |                |  |  |
| Contact Role(s):     | Administrative C  | ontact      |                 |              |           |         | •           |                       |                |                |  |  |

- Please note the following:
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| Connecticut De                      | partment o     | of Public      | Health D     | rink      | ing W       | ater S      | ection       |                  |
|-------------------------------------|----------------|----------------|--------------|-----------|-------------|-------------|--------------|------------------|
|                                     | iality Moni    |                |              |           |             |             |              |                  |
| PWS ID PWS Name                     | adirey 1:10111 | toring a       |              | assificat |             |             | vner Type Pi | imary Source     |
| CT0480174 SJ RANCH, INC. (WELL #3   | - RANCH HOUSE) |                |              | NC        |             | 25          | Р            | GW               |
| Local Address (where applicable)    |                | Service        | Residentia   | I Comr    | nercial     | ndustrial   | Combined     | Agricultural     |
| 130 SANDY BEACH ROAD                |                | Connection     | ıs           |           | 1           |             |              |                  |
| Towns Served: ELLINGTON             |                |                |              |           | I           |             |              |                  |
|                                     | Moni           | toring Rec     | uirement     | :S        |             |             |              |                  |
| Water System Facility: DISTRIBUTION | N SYSTEM (WSF  | ID: 00600)     |              |           |             |             |              |                  |
| Physical Parameters (PPS)           |                |                |              |           |             | 1           | L routine (R | T) per year      |
| Sampling Point (Sampling Point ID)  |                |                | Monitoring   | Period    | Collec      | tion Period | <del>-</del> | ance Status      |
| DISTRIBUTION SYSTEM (4)             |                |                | 1/1/18 - 12  | /31/18    | 6,          | /1-8/31     | Co           | mplete           |
|                                     |                |                | 1/1/19 - 12  | /31/19    | 6,          | /1-8/31     |              | <u> </u>         |
|                                     |                |                | 1/1/20 - 12  | /31/20    | 6,          | ′1-8/31     |              |                  |
| Water System Facility: ENTRY POINT  | (WSF ID: 00700 | 0)             |              |           |             |             |              |                  |
| Nitrate And Nitrite (NOX)           |                |                |              |           |             | 1           | L routine (R | T) per year      |
| Sampling Point (Sampling Point ID)  |                |                | Monitoring   | Period    | Collec      | tion Period | =            | ance Status      |
| ENTRY POINT (3)                     |                |                | 1/1/18 - 12  | /31/18    |             |             | Co           | mplete           |
|                                     |                |                | 1/1/19 - 12  | /31/19    |             |             |              |                  |
|                                     |                |                | 1/1/20 - 12  | /31/20    |             |             |              |                  |
|                                     | Other          | Compliand      | e Schedu     | les       |             |             |              |                  |
| Compliance Schedule Activity        |                |                | Du           | e Date    |             | Achieved    | d Date       |                  |
| CROSS CONNECTION SURVEY REPORT      |                |                | 3/2          | L/2018    |             |             |              |                  |
| RESPOND TO SANITARY SURVEY          |                |                | 6/7          | 7/2018    |             |             |              |                  |
|                                     | Public No      | otification    | Requirem     | ents      |             |             |              |                  |
|                                     |                | Compliance     | Notice       | Pub       | lic Notific | ation       | PN Cert      | <u>ification</u> |
| Violation/Situation                 |                | Period         | Tier         | Requ      |             | -           | Due to DPH   | Received         |
| REVISED TOTAL COLIFORM RULE (RTCR)  | 6/             | 2/17 - 11/1/17 | 7 3          | 11/8/2    | 2018        |             | 11/18/2018   |                  |
| Water                               | System Faci    | ility and Sa   | ampling P    | oint I    | nvento      | ry          |              |                  |
| Water                               |                |                |              |           | Total       | Lead and    | d            |                  |
| System Water System Facility        | Sampling Poin  |                |              |           | Coliforn    |             |              | Stage            |
| Facility ID                         | ID             | Description    |              | Status    |             | Rule Tie    | r Asbestos   | WQP 2 DBPR       |
| 00600 DISTRIBUTION SYSTEM           | 4              | DISTRIBUTION   |              | Α         | Υ           |             |              |                  |
|                                     |                | M WITHIN 5 S   |              | Α         |             |             |              |                  |
|                                     | UPSTREAM       |                | ERVICE CON   | Α         |             |             |              |                  |
| 00700 ENTRY POINT                   | 3              | ENTRY POIN     | NT           | Α         |             |             |              |                  |
| 20890 WELL                          | 2              | WELL           |              | Α         |             |             |              |                  |
|                                     | Co             | ntact Info     | rmation      |           |             |             |              |                  |
| Name                                |                | Organization   |              |           |             |             | Job Title    |                  |
| Ms. Patricia L. Haines              |                |                |              |           |             |             |              |                  |
| Mailing Address Line One            | Mailing Addre  | ess Line Two   |              |           | (           | City        | State        | Zip Code         |
| 130 Sandy Beach Road                |                | ,              |              | El        | lington     |             | CT           | 06029-9732       |
| Business Phone Extension F          | ax Mo          | bile Phone     | Emergency Pl | none Er   | mail Addr   | ess         |              |                  |

860-872-4742

Contact Role(s): Legal Contact

|                   | Lonnecticu        | ıt Depa               | irtment of                                     | Public.       | Health  | Drir        | ıkıng      | g Water      | Section   |       |     |
|-------------------|-------------------|-----------------------|--|---------------|---------|-------------|------------|--------------|-----------|-------|-----|
|                   | Wat               | er Qua                | lity Monito                                    | oring ar      | nd Con  | nplia       | nce S      | Schedul      | le        |       |     |
| PWS ID            | PWS Name          |                       |  | Classif       | ication | Population  | Owner Type | Primary      | Source    |       |     |
| CT0480174         | SJ RANCH, INC. (V | VELL #3 - R           | ANCH HOUSE)                                    | N             | IC      | 25          | Р          | G۷           | V         |       |     |
| Local Address (w  |                   | Service               | Resider  | tial Co       | mmerci  | al Industri | al Combin  | ed Agricultu | cultural  |       |     |
| 130 SANDY BEAC    |                   | Connection            | S  |               | 1       |             |            |              |           |       |     |
| Towns Served: El  | LINGTON           |                       |  |               | ·       | ·           |            | ·            | ·         | ·     |     |
| Name              |                   | Or                    | ganization                                     | anization     |         |             |            |              | Job Title |       |     |
| Ms. Alexandra Tl  | nomas             |                       | Sj I   | Ranch, Inc    |         |             |            |              |           |       |     |
| Mailing Address I | ine One           |                       | Mailing Address                                | ress Line Two |         |             | City       |              | State     | Zip C | ode |
| 130 Sandy Beach   | Road              |                       |  |               |         |             | Ellingto   | on           | СТ        | 060   | 29  |
| Business Phone    | Extension         | Fax                   | Fax Mobile Phone Emergency Phone Email Address |               |         |             |            |              |           |       |     |
| 860-872-4742      |                   | alex@sjridingcamp.com |  |               |         |             |            |              |           |       |     |
| Contact Role(s):  | Administrative C  | ontact                | •  |               |         |             |            |              |           |       |     |

- CD | I-l' - II - - I-l - D - ' - I - - - I-I-- - - C -

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End of schedule

|                       | 0                            |                   | 'n lle t        | 1.1   | <b>D</b>  | . 1 .     | Y A 7             |             | 0           |                   |                |  |
|-----------------------|------------------------------|-------------------|-----------------|---|-----------|-----------|-------------------|-------------|-------------|-------------------|----------------|--|
|                       | Connecticut De               | •                 |                 |   |           |           | _                 |             |             |                   |                |  |
|                       | Water Q                      | uality Monit      | oring and       | d Com   | ıpl       | iance     | e Sch             | edul        | e           |                   |                |  |
| PWS ID                | PWS Name                     |                   |                 | Clas  | sificatio | n Popu    | ulation           | Owner Type  | Primar      | y Source          |                |  |
| CT0480234             | LUANN'S BAKERY AND C         |                   |                 | NC  |           | 60        | Р                 | G           | iW          |                   |                |  |
| Local Address (       | Resident                     | tial              | Comme           | rcial I   | ndustria  | l Combin  | ed Agr            | icultural   |             |                   |                |  |
| 238 SOMERS R          |                              |                   | 1               |   |           |           |                   |             |             |                   |                |  |
| Towns Served:         | ELLINGTON                    |                   |                 |   |           |           |                   |             |             |                   |                |  |
|                       |                              | Monit             | oring Requ      | iiremei   | nts       |           |                   |             |             |                   |                |  |
| Water System          | Facility: <b>DISTRIBUTIO</b> | N SYSTEM (WSF I   | D: 00600)       |   |           |           |                   |             |             |                   |                |  |
| <b>Total Coliforn</b> | m (3100)                     |                   |                 |   |           |           |                   | 1           | routine (R  | Γ) per q          | uarter         |  |
| Sampling              | Point (Sampling Point ID)    |                   |                 | Monitorii   | ng P      | eriod     | Collect           | tion Per    | iod Com     | pliance           | oliance Status |  |
| Select fror           | m Inventory of Active Samր   | oling Points      |                 | 10/1/18 -   | 12/3      | 31/18     |                   |             |             | Comple            | te             |  |
|                       |                              |                   |                 | 1/1/19 -  | 3/3       | 1/19      |                   |             |             |                   |                |  |
|                       |                              |                   |                 | 4/1/19 -  | 6/30      | 0/19      |                   |             |             |                   |                |  |
|                       |                              |                   |                 | 7/1/19 -  | 9/30      | 0/19      |                   |             |             |                   |                |  |
| •                     | meters (PPS)                 |                   |                 |   |           |           |                   |             | routine (R  | -                 |                |  |
|                       | Point (Sampling Point ID)    |                   |                 | Monitoring Period   |           |           | Collect           | tion Per    |             | Compliance Status |                |  |
| DISTRIBUT             | TON (4)                      |                   |                 | 10/1/18 -   |           |           |                   |             |             | Comple            | te             |  |
|                       |                              |                   |                 | 1/1/19 -  |           |           |                   |             |             |                   |                |  |
|                       |                              |                   |                 | 4/1/19 -  |           |           |                   |             |             |                   |                |  |
| \\/_+                 | Facility CALTRY DOING        | F (MCF ID: 00700) |                 | 7/1/19 -  | 9/30      | 0/19      |                   |             |             |                   |                |  |
|                       | Facility: ENTRY POINT        | i (WSF ID: 00/00) |                 |   |           |           |                   |             | 4           | /n=\              |                |  |
|                       | Nitrite (NOX)                |                   |                 | Manitavi  | D         | outod.    | Callag            | tion Don    | 1 routine   |                   | -              |  |
|                       | Point (Sampling Point ID)    |                   |                 | Monitoring Period Collection Period Compliance S<br>1/1/18 - 12/31/18 Complet |           |           |                   |             |             |                   |                |  |
| ENTRY PO              | 1141 (5)                     |                   |                 | 1/1/10 - :  |           |           |                   |             |             | Comple            | ie             |  |
|                       |                              |                   |                 | 1/1/20 - :  |           |           |                   |             |             |                   |                |  |
|                       | \M/ata                       | r System Facili   |                 |   |           |           | <i>i</i> onto     | <b>5</b> 1/ |             |                   |                |  |
|                       | vvale                        | r System Facil    | ity allu Sai    | IIPIIIII  | PU        | IIIC IIIN |                   |             |             |                   |                |  |
| Water System Wat      | er System Facility           | Sampling Point    | Samnlina Poi    | nt  |           |           | Total<br>Coliform | Lead o      |             |                   | Stage          |  |
| Facility ID           | er system ruemey             | ID                | Description 1   | ,,,,  |           | Status    | Rule              |             | Cier Asbest | os WQF            | _              |  |
|                       | RIBUTION SYSTEM              | 4                 | DISTRIBUTION    | N   | •         | A         | Υ                 |             |             | •                 |                |  |
|                       |                              | DOWNSTREAM        |                 |   | N 5       | Α         | Υ                 |             |             |                   |                |  |
|                       |                              | UPSTREAM          | DOWNSTREA       | M WITHIN  | ۷5        | Α         |                   |             |             |                   |                |  |
| 00700 ENT             | RY POINT                     | 3                 | ENTRY POINT     |   |           | Α         |                   |             |             |                   |                |  |
| 60431 WEL             | L 1                          | 2                 | WELL            |   |           | Α         |                   |             |             |                   |                |  |
|                       |                              | Con               | tact Inforr     | mation  |           |           |                   |             |             |                   |                |  |
| Name                  |                              |                   | rganization     |   |           |           |                   |             | Job Titl    | e                 |                |  |
| Mr. Michael H.        | Hoffman                      |                   | iann's Bakery A | and Cafe  |           |           |                   |             | 300 110     |                   |                |  |
| Mailing Addres        |                              | Mailing Addres    |                 | a care  |           |           |                   | City        | State       | 7in               | Code           |  |
| 111 Hoffman R         |                              | Training / taures |                 |   |           | Ellin     |                   | 1           | CT          | -                 | 029            |  |
| 111 Hoffman R         | oad                          |                   |                 |   |           | Ellin     | gton              |             | CT          | 06                | 029            |  |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Emergency Phone Email Address

mhoffman07@sbcglobal.net

860-872-8073

Mobile Phone

**Business Phone** 

860-559-6414

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

| C                  | Connecticu                            | t Depa                | irtment c     | of Public     | Health  | ı Drir      | ıking      | g Water         | Section        |    |
|--------------------|---------------------------------------|-----------------------|---------------|---------------|---------|-------------|------------|-----------------|----------------|----|
|                    | Wate                                  | er Qua                | lity Moni     | itoring a     | nd Con  | nplia       | nce S      | Schedul         | le             |    |
| PWS ID P           | WS Name                               |                       |               |               | Classif | ication     | Population | Owner Type      | Primary Source |    |
| CT0480234 L        | UANN'S BAKERY                         | AND CAFE              |               |               |         | N           | IC         | 60              | Р              | GW |
| Local Address (wh  | ere applicable)                       | Service               | Resider       | ntial Co      | mmerci  | al Industri | al Combine | ed Agricultural |                |    |
| 238 SOMERS ROA     | Connection                            | ns                    |               | 1             |         |             |            |                 |                |    |
| Towns Served: ELL  | INGTON                                |                       |               |               | ,       |             |            | ,               |                |    |
| Name               |                                       | Organization          | on            |               |         |             |            | Job Title       |                |    |
| M. L. Hoffman LLC  | :                                     |                       |               |               |         |             |            |                 |                |    |
| Mailing Address Li | ne One                                |                       | Mailing Addre | ess Line Two  |         |             | City       | State           | Zip Code       |    |
| 111 Hoffman Road   | t                                     |                       |               |               |         | Ellington   |            | СТ              | 06029          |    |
| Business Phone     | bile Phone                            | e Phone Emergency Pho |               | Email Address |         |             |            |                 |                |    |
| 860-559-6414       | 860-872-8073 mhoffman07@sbcglobal.net |                       |               |               |         |             |            |                 |                |    |
| Contact Role(s):   | Owner                                 |                       | 1             |               |         |             |            |                 |                |    |

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End of schedule